Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	distribution of the second	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 7 1932	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	· .		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. AGE should be EATH in plain terms, so that it may be be carefully supplied. mation should be carefull; CAUSE OF DEATH in pl. TION is very 4mportant. -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	MARTEARD	159	0488
County Southers	ter one	Registration Dist. No. //	6
Village or City Lame	ridas.	No Limite o.	Mond
~	(If	death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of residence in city or town where death		ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	ant w	len	
(a) Residence: No.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	St., Ward.	
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town	The state of the s
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male Colored	OR DIVORCED (White the word)	May (Day)	. 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	J.	22. I HEREBY CERTIFY. That I atter	nded deceased from
(or) WIFE of Infa	nt	not at all 19 to	
6. DATE OF BIRTH (month, day, end year) Why	19,1932	I last saw h, 19_	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
	1/ l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:	
8. Trade, profession, or particular	011	3 101013	Date of onset
8. Trade, profession, or particular kind of work done, as SPtNNER, SAWYER, BOOKKEEPER, etc.	mann	aute Bronchitis - Ormeture	
kind of work done, as SPtNNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. D. Date deceased last worked et			
Date deceased last worked et this occupetion (month and	11. Total time (years) spent in this		
year)	occupation	out could be discussed in	
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
(State or country) M.	1		
13. NAME arthur	anders		
13. NAME CULLUS 14. BIRTHPLACE (city or town)	uter 60	Name of operation	of
(State or country) Mare	Hand.	What test confirmed diagnosis? Was there	3
15. MAIDEN NAME Carnelle	allen	23. If death was due to external causes (VIOLENCE) fill in also the folio	
15. MAIDEN NAME CALLELLY 16. BIRTHPLACE (city or town)	uter, lo	Accident, suicide, or homicide? Date of Injury	
≥ (State or country)	refland	Where did injury occur?	
17. INFORMANT Cassulia. (Address)	Allen	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, GREMATION, DR REMOVAL	hu.	Manner of injury	
Place Caugh under	ate /May 31932	Nature of injury	
19. UNDERTAKER A MAX	Clasin,	24. Was disease or Injury in any way related to occupation of deceased	, 200
(Address) Cambrid	and the	If so, specify Salabolds X.	R
20. FILED My 3 , 193 L 2	Registrar.	(Signed) Cambridge Mid	M. D.
70 11 1	11 11 0 2		

STATE OF MARYI AND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestie service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I The principal cause of death and related causes of importance were as follows: Date of onset			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	.HIN 7 1932	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis		. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU	July 5,1927	Peritonitis	3 days ago
	and the second s			
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

should state OCCUPA

1. PLACE County

STATE (OF MARYLAND-	-CERTIFICATE OF DEATH 05289
esidenca In city or town where	death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)
ame John A. ence: No. Camb	ridge Md. (Üsualplace of abode)	St., Ward. 4. If nonresident give city or town and State
4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH May (Month) (Day) (Year)
owed, or divorced Harriett H (month, day, and year) (ears Months	Z/17/1859 Days If LESS than 1 day,hrs	22. I HEREBY CERTIFY, That I attended deceased from 1932, to 1932; death is said to have occurred on the date stated above, at IO. 3Qm.P. M.

Village or Length of r 2. FULL N (a) Resid PERSC 3. SEX Mal 5a. If married, wid HUSBAND of (or) WIFE of 6. DATE OF BIRT 7. AGE Date of onset 8. Trada, profession, or particular kind of work dona, as SPINNER. OCCUPATION SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceasad last worked at 11. Total time (years) this occupation (month and spant in this occupation _____ 12. BIRTHPLACE (city or town) (State or country) Andrews FATHER Isaac 13. NAME Nama of operation. 14. BIRTHPLACE (city or town) arvland (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?_______ Date of injury______ 19 16. BIRTHPLACE (city or town) __ arvland (State or country) Where did injury occur?_____ (Specify city or town, county and State) Mrs Harvey Connaway Jr. Cambridge Md., Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury_____ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar.

TION V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UN 7 1022	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	-0 -0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

(Address)

20. FILED May &

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ECORD	PHYS	act sta	
TAL	LY.	d. Ex	
MANI	XACT	lassifie	
B.—WRIFE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Even	matibre hald be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	CAUSEAF DEATH in plain terms, so that it may be properly classified. Exact statemen	TION is fery important. See instructions on back of certificate.
SIS	sta	pro	cert
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DIN	· A	so t	ction
INFA	pplied	erms,	instru
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PLA	nld	F D	ery
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-WR	natib	CAU	FION
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should

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH QR DIVORCED (write the word) 198 orories Married (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months to have occurred on the date stated above at 5 30 P 1 day .____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) QUE this occupation (month and spant in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation.... (State or country) What test confirmed diagnosis?_____ Wes there en eu opsy?____ 15. MAIDEN NAME MOTHE 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) -(State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 14

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.— 65991

	~ K Z Z K L		1		1 41 4
1. PLACE OF DE	ATH			92-0	
County Dore	nester			Registration Dist. No. //	6
Village or City_E	astern Sho	re State	Hospital.	CarNoridge, Md	Ward
Length of residence in	city or town where	leath occurred 6	yrs. 1 mos	death occurred in a hospital or institution, give its NAME instead of street and nur.	nber)
2. FULL NAME	Daniel Bl	izzard			
(a) Residence: No.	Crisfiel			St. Ward.	
PERSONAL A	ND STATIST	(Usual place		If nonresident give city or town and St MEDICAL CERTIFICATE OF DEATH	ate
	LOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Male	White	OR DIVORCE	D (write tha word)	14	982 (Year)
5a. If marriad, widowed, or d HUSBAND of	ivorced			22. I HEREBY CERTIFY, That I attended de-	caasad from
(or) WIFE of				March 21 , 1026 , to May 14	, 1932
6. DATE OF BIRTH (month,	day, and year) Ju	ne 29,18	77	1 last saw h im alive on May 14 1932;	death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 9 Pm.	
54	10	16	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or kind of work don	particular a, as SPINNER,	Sailor		Cerebral Apoplexy 5	11/32
kind of work don SAWYER, BOOKK 9 Industry or business	EEPER, etc	Dartor			
work was done, a	SILK MILL.	Oyster Bu	usiness		
10. Data deceased last very this occupation (10 year)	vorked at month and 1877	II. Total t	tima (years) Int in this 10		
12. BIRTHPLACE (city or tow	m) Crisfie			Other Contributory Causes of importance: Endocartis (Chronic)	920
(State or country)					
I	Blizzard				
14. BIRTHPLACE (city or (State or country		and		Name of operation Date of Was there an aut	opsy?
15. MAIOEN NAME ME	alicia Boo	ne		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
I6. BIRTHPLACE (city or (State or country	town) Maryl	and		Accident, suicide, or homicide? Oate of Injury Where did injury occur?	, 19
17. INFORMANT E.S.S. Hospital Records (Address)				(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OF	removal Con	w Oate An O	4/719.3	Manner of injury	
19. UNDERTAKER (Address)	ofm ll	Brys	defan	24. Was disease or injury in any way related to occupation of deceased? NO	
20. FILED May 16	19 32	E. E. W	begg	(Signed) who as I leaven	M. D
Registrar.				(Address) Cambrida Ma.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Jun 7 1932 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSTGIANS should state RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(3i) U5292
County Dorchester			Registration Dist. No. // 6
Village or City Eastern Shor		(If	No. Cambridge, Maryland St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME James M.	Bratten		
(a) Residence: No. Berlin, N		of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH May (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from Feb. 29 1932, to May 10 1932
6. DATE OF BIRTH (month, day, and year) J8	n. 11.18	76	I last saw him aliva on May 9, , 1932; death is said
7. AGE Years Months 56 3	Days 29	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12:45Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	Merchant		Chronic Paren. Nephritis Sept 1930
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and			
yaar) Dec	Sp3	ime (years) Adulantin this upation - Life	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Berlin, (State or country)			Aortic Regurgitation 1931
13. NAME James M. Bratt	ten, Sr.		
13. NAME James M. Bratt 14. BIRTHPLACE (city or town) Mary (State or country)	rland		Name of operation No ne Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Addie A. T	Turner		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Addie A. Turner 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT HOSpital Records (Address)			Accident, suicide, or homicide?
			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bucksingham Date May 1. 2, 193 2			Manner of injury
19. UNDERTAKER 1. 18. Brishall			24. Was diseasa or injury in any way related to occupation of deceased? If so, specifyNO
20. FILED MAY 1. 0, 1932	E. E. L) olf Registrar.	(Signed) Left as J. Carey M. D. (Address) Cambridge, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cau of importance were as follows:	ISES Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day cupation is very important, so that the relative healthor given up on account of the disease causing Death ployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farmi laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (h) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrwant, Cook to report specifically the occupations of persons en work, or At Home, and children, not gainfully em-Civil engineer, Stationary fremen, etc. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-Foremak, (b) Automobile factory. For many occupations a single word or term on -Coal mine, etc. Wom-But in many The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipletheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Debar pneumonia, Bronchopneumonia ("Pneumonia,"

use of "Tumor" for malignant neoplasms); Measics; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal schticaemia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease vulsious," (secondary or intercurrent) affection need not be Whooping cough; Nomeuclature of the American Medical Association.) .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MICANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations ou state-Example: Mcastcs (disease "Anaemia" terminal (merely

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INEAT

BINDING

RESERVED

MARGIN

V. S. No. 1

20. FILED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH

MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospitel or institution, give its NAME in-

number.)

steed of street and

MEDICAL CERTIFICATE OF DEATH (Month)(Day) BY CERTIFY, That Mattended the decessed from State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Hospitals, Institutions, Trans-In the

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (6) Grocery. Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature M castes;

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V. S. No. 1

BWRITE PLATNLY, WITH UNFADING INK-THIS IS A PERMANEN ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Jo m	plnou	000	
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ECO	PH	xact	
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			F MAR	YLAND-	CERTIFICATE OF DEATH 05297	
1.	PLACE OF DEA				933	
/	County Dorc		· · · · · · · · · · · · · · · · · · ·		Registration Dist. No. [10]	
1	Village or City				No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
					ds. How long in U.S. if of foreign blrth?yrsmosds	
2.	FULL NAME		Coulbon			
	(a) Residence: No.	Huri	(Usual place	of shods)	St., Ward. If nonresident give city or town and State	
	PERSONAL A	ND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SE		OR OR RACE	OR DIVORCE	RRIED, WIDOWED. D (write the word)	21. DATE OF DEATH May, I8th., 193 2 (Month) (Day) (Year)	
	married, widowed, or div			2,54.		
	(or) WtFE of Eu	gene Cou	lbourn.		22. I HEREBY CERTIFY. That I attended deceased from 1932, to 7/9, 1932	
	ATE OF BIRTH (month, d	ay, and year) J	une.	1858	I last saw h alive on	
7. AC	FE Years 73	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
OCCUPATION	8. Trade, profession, or kind of work done SAWYER, BOOKKI 9. Industry or business work was done, as SAW MILL, BANK	e, as SPINNER, EEPER, etc in which	House-W	ork.	and mental weakness	
220	O. Date deceased last w this occupation (m year)	orked at onth and	spe	time (years) nt in this upation		
12. E	IRTHPLACE (city or town (State or country)	Dorch	ester (Co. Md.	Other Contributory Causes of importance:	
ER	13. NAME	William	Thomas			
FATHER	14. BIRTHPLACE (city or	town) Do	rcheste	r Co.	Name of operation Date of	
	(State or country)			Md.	What test confirmed diagnosis? Was there an autopsy?	
TER	15. MAIDEN NAME		Childs.		23. If death was due to external causes (VIOL ENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or (State or country)	(OWII)	chester	Co.	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?	
17. 1	ALONDOLL	ugene Co Hurlock.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. B	URIAL, CREMATION, OR	REMOVAL		,20",1932	Manner of Injury	
19. U	NDERTAKER J. (Address)	T.Frampt Federa	om & So		24. Was disease or Injury In any way related to occupation of deceased?	
20. F	ILED May 19	6/2	& Has		(Signed) Work M. D. (Address) M. D. (Address) M. D.	

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Chronic interstitial nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s		Name of the second seco	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	Lauran
and the state of t	In a y 1,1020	distroction	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH (5	298
1. PLACE OF DEATH		47)	. /
County Dorchester		Registration Dist. No.	16
Village or City Cambridge	e ·	No. Eastern Shore State Hospit death occurred in a horpital or institution, give its NAME instead of street and n	al Ward
Length of residence in city or town where death or	ccurred 7_yrs4mos	death occurred in a norpital of institution, give its NAME instead of street and in	sds.
	Cox		
(a) Residence: No. Almshous	e Wicomico Cou Usual place of abode)	2n tsy, Md Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
OF	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH May 4, (Month) (Day)	1982 (Year)
5a. If married, widowed, or divorced	THE WATER WATER		
HUSBAND of (or) WIFE of Peter Cox		22. I HEREBY CERTIFY, That I attended of April 3, 1930, to May 4,	
		I last saw h. er aliva on May 4. 19 32	
6. DATE OF BIRTH (month, day, and year) Unkn (Days If LESS than	to have occurred on the date stated above, at 2:55Pm.	y ucatii 13 36iu
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, protession, or particular	ormi n.	were as follows:	Date of onset
8. Trada, protession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	n e	Cerebral arterio-sclero-	1924
9. Industry or business in which work was done, as SILK MILL,	na	sis	
work was done, as SILK MILL, NOT SAW MILL, BANK, etc			
this occupation (month and year)	11. Total time (yaars) spent in this occupation		
	V 444	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Unknown (State or country) Mary I and	i		
1			
I		No. of	
14. BIRTHPLACE (city or town) Unknown (State or country) Mary		Name of operation Data of What test confirmed diagnosis? Was there an a	
		23. If death was due to external causes (VIDLENCE) fill in also the following	
15. MAIDEN NAME Hanna Somi		Accident, suicide, or homicide? Date of injury	
State or country) Maj	ryland	Where did injury occur?	
17. INFORMANT E.S.S. Hospits (Address) Cambridge Mo		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLA	(CE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place / dospetal Innundo	6 6 - 4 ,1932	Nature of injury	
19. UNDERTAKER GADING	Leconfle	24. Was disease or injury in any way related to occupation of deceased?	Io
20. FILED May 5, 19 32 18	KWOLJ Registrar.	(Signed) Cambridge id.	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

flem of infor-

of OCCUPA-

	(75%)
County Dorchester	Registration Dist. No. II6
County Dorchester Village or City Cambridge, Md. Length of residence in city or town where death occurred yrs.	No. 307 Choptank Ave. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Mary E. Dail.	
(a) Residence: No. Cambridge, Md., (Usual place of abode)	St Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word) Widowed	21. DATE OF DEATH May 23 , 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Late Joseph Dail	22. I HEREBY CERTIFY, That I attended deceased from May 18 ,1982, to May 23, 1932
6. DATE OF BIRTH (month, day, and year) 1840	Hast saw han alive on May 22 1932; deeth is said
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the date stated above at IZ . 50 m. A . M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and spanting this x	
year) occupation	Other Contributory Causes of Importance:
year) occupation	Other Contributory Causes of Importance:
year) occupation	Name of operation Rome, Date of
year) occupation	Name of operation
year) 12. BIRTHPLACE (city or town) (State or country) Maryland 13. NAME Thomas W. Thomas. 14. BIRTHPLACE (city or town) (State or country) Maryland. 15. MAIDEN NAME Not Known 16. BIRTHPLACE (city or town)	Name of operation
year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Thomas W. Thomas. 14. BIRTHPLACE (city or town) (State or country) Maryland. 24. In Maiden Name 15. Maiden Name 16. BIRTHPLACE (city or town) (State or country) X 17. INFORMANT William H. Dail	Name of operation. Name of operation. What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Whara did injury occur? (Specify city or town, county and State)
year) 12. BIRTHPLACE (city or town) (State or country) Maryland 13. NAME Thomas W. Thomas. 14. BIRTHPLACE (city or town) (State or country) Maryland. 15. MAIDEN NAME Not Known 16. BIRTHPLACE (city or town) (State or country) X 17. INFORMANT William H. Dail (Address) Cambridge Md. 18. BURIAL, CREMATION, OR REMOVAL	Name of operation What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrifis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN	I
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1. PLACE OF DEATH	
County Doubitu	Registration Dist. No. //6
Village or City Cambra Am -	No.
Village of City	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Jourse C. Dr.	ain
(a) Residence: No. 33 August (Yual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (bay) (Year)
HUSBAND of (or) WIFE of MM 47.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Am 15/646	I last saw h alive on
7. AGE Years Month Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this coveration from the same time this coveration from the same time to the same time time.	Date of onset
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	1 Frank Donal on bod
11. Total time (years) this occupation (month and spent in this	o was advant
year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME John K. Crighton	
14. BIRTHPLACE (My or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME may hukins.	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury19
∑ (Stata or country)	Where did Injury occur?
17. INFORMANT And Carl Dryn (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Cambridg Med Date Mus 12 193	Manner of injury
I 110 0111 1	waters of injury
19. UNDERTAKER Well ! Wongh	24. Was disaase or injury in any way related to occupation of deceased?
(Address) cambila, ha	If so, specify
20. FILED Hay 1, 19 32 BRWOLF	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 Edules 1	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			-2801 L NIII	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis	wings to wind-state and supplements	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAitem of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ZECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF	MARYLAN	D-CERTIFICATE	OF	DEATH	05806

1. F	PLACE OF	DEAT	H			<u> </u>	
	County	Dor	hester			Registration Dist. No.111	
			st New 1			NoSt.,	Ward
	Length of reside	nce in cit				osds. How long in U. S. If of foreign birth?yrsmos	ds.
2. 1	FULL NAM	E	STILLBO	ORN DU	LTON		
	(a) Residence	: No		(Usual p	lace of abode)	St., Ward. If nonresident give city or town and State	
	PERSONA	LAN	D STATISTI	CAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	F	4. COLOI	Black		MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH May 15, 193 (Month) (Day) (Yee	2
H	married, widowed IUSBANO of or) WIFE of	, or divo	rced			22. I HEREBY CERTIFY, Thet I attended deceased	
c D43	TE OF BIRTH (m	anth day	M:	ay 15,	1932		
7. AGE			Months	Deys	If LESS than 1 day,hr ormin.	to have occurred on the date stated above, atm.	
NOL	8. Trade, professi kind of wo SAWYER, B	rk done.	rticular as SPINNER, PER, etc				
OCCUPATION	9. Industry or bu work was d SAW MILL,	isiness in lone, as S BANK, e	which ILK MILL,			STILLBORN	
00 10	10. Oate deceased last worked at this occupation (month and year) spent in this occupation			11. To	spent in this		
12. BI	RTHPLACE (city (State or count	or town). y)	Md	•		Other Contributory Causes of Importance:	
<u>در</u> ا	3. NAME	Nor	man Du	lton			
FATHER 14	4, BIRTHPLACE ((State or c	-	wn)Md	•		Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?.	
HER IS	5. MAIOEN NAM	E San	rah Bro	vn		23. If death was due to external causes (VIOLENCE) fill in elso the following:	
	6. BIRTHPLACE (city or to	wn)Md	•		Accident, suicide, or homicide?	
17. IN	FORMANT (Address)					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BU	Place			Date	, 19	Manner of injury	
19. UN	NDERTAKER (Address)					24. Was disease or injury in any way related to occupation of deceased?	
20. FII	LED	, 1	19	7/55	132 Registrar.	(Signed) The torker (Address) East New Maketh,	D.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- A AMPI	9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3 SI 6 D	PERSONAL AND STATISTICAL PARTICULARS EX
h	Tale Color of RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 D	ATE OF BIRTH
	(Month) (Day) (Year)
7 A	
	23 24 yrs. 4 mos. 10 ds. or min.
1 (a	Trade, profession or
p8	rticular kind of work General nature of industry
bu	siness, or establishment in hich employed or (employer)
-	IRTHPLACE
7	(State or country) on mh
	10 NAME OF Plex Pllis
ENTS	OF FATHER (State or country)
AR	of MOTHER List Junkins
4	13 BIRTHPLACE OF MOTHER (State or Country) On Co Nucl
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	Lissio brukerin
	(Informant)
	(Address) Jan 1 Cew Market

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

92-0

number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF THEY 7th, 1932 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from 1982 to May 7, 1992,
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Influenza
(Duration), yrs mos 4 de.
Contributory Heart allalion Secondary due to multal marificancy. (Duration) yrs mos 3 ds.
(Signed) 9. B. Mardon M. D. May 8 1932 (Address) Preston, Ind
State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residents)
At place of deathyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 11, 1932
20 UNDERTAKER / Monghy & M make
, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Solesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the husiness or industry, and therefore an Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write Nonc. Foreman, (b) Automobile foctory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Loborcr-Cool minc, etc. Womwithout more precise specification as Doy 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

!!! letanus) may be stated under the head of "contributory." American Medical Association.) "Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Nomenclature Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis (1997)	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (5303
1. PLACE OF DEATH	940
County Porthetin	Registration Dist. No.
Village or City Cambridge Ind	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Jan For Evans	J
(a) Residence: No. // / D / Yigh	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the ward) OR DIVORCED (write the ward)	(Month) (Oay) (Year)
5a. If married, widowed, or divarced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of farah Davis	may 16 1932 10 may 17 1932
6. DATE OF BIRTH (month, day, and year) List 7, 1678	I last saw h man alive on han 17 , 1932; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
5-13 8 10 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	angina Victoris my 17
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BÄNK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dale deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
7 / /	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Managery (State or country)	
1// 0 6	
13. NAME famely C. Evans 14. BIRTHPLACE (city or town) my	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy? Zo
15. MAIOEN NAME anne for	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Annie Funcie F	Accident, suicide, or homicide? Date of Injury, 19
Z (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT And Ernney (Address)	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trifferd, Withrandele May 17, 1932	Nature of injury
19. UNOERTAKER Trank & allowify	24. Was disease or injury in any way related to occupation of deceased? Was
	If so, specify (Signed) E. E. Walff M. D.
20. FILEO May / 7, 1932 Espolf Registrar.	(Address) Cambridge, Find.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1,

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Other contributory	BUREAU V. S. causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

198m. mynd som

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DE	RYLAND-CERTIFICATE OF DEATH
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6.	P.	0	64	-1
0	U	0	U	4

1. PLACE OF DEATH	
county Dorchester	Registration Dist. No. 110
Village or City Mear Timelwille two	No. St. Warr
Length of residence in city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds
- 0	
	stans,
(a) Residence: Not educals Prura Ind. R. J. T. (Un) place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May. 15", 1982
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Vet. 20. 1922	7/2,1952, to //5,1932
6. DATE OF BIRTH (month, day, and year) VEX. 20 1922 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 - A - m
9 6 25 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or postinutes	were as follows:
kind of work done, as SPINNER, Sensel Aukil	fulmon Lufrentin 1931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Tox exerter Co.	Other Coutributory Causes of importance:
T O -	
(State or country)	Name of operation Date of
15. MAIDEN NAME Varie Robinsons	What test confirmed diagnosis? Was there an au opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Jane Robinson. 16. BIRTHPLACE (city or town) Doi chrester Co.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Strank Evans. (Address) Frederals Pring Mid. R.J. D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cokes very Md, Date May 17", 193:	,
19. UNDERTAKER Site of Soulatorn & Soul	24. Was disease or injury in any way related to occupation of deceased? Zwo
20. FILED May 17", 1932 Nobrit & Hastin P2	(Signed) M. D
If more blanks are needed address State P.	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis 5 193?	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

BINDING

RESERVED

MARGIN

	PLACE OF DEATH	(5305 STATE OF MARYLAND
C	ounty Dorchester	CERTIFICATE OF DEATH Registration Dist. No. 112.
Vill	age or City Elliott's, (No. 2 FULL NAME Solomon James E	St: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and naturally sumber.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	ale White 5 SINGLE, Marri WIDOWED OR DIVORCED (Write the word)	May 23rd., 1932. (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended the deceased from
6 D	May 23rd . 1850 . 1	May 22nd., 1931, May 22nd., 1931,
Db w		The CAUSE OF DEATH & was as follows: Appoplexy, I presume from his- tory of recent last illness.
PARENTS	John Ewell. 11 BIRTHPLACE OF FATHER (State or country) Virginia. 12 MAIDEN NAME OF MOTHER Rhoda Dayton. 13 BIRTHPLACE OF MOTHER (State or country) Maryland. 15 Giste or country Maryland. 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED (Informant) Swain Ewell. (Son.)	(Signed) (Address) Vienna Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence.
	(Address) Elliott's, Md.	Elliott's, Md. Bate of Burial May 25"1932.
15	Filed May 24"1932. Elizabeth M. C. Local Registra	20 UNDERTAKER ADDRESS E. N. Market Md.

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it m...ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., (a) Foreman, (b) Automobile factory. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwhatever, write None. ...ed 6 yrs.). I usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. The material

Electment of Cause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measter; unqualified, is indefinite); Tuberculosis of lungs, monsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report more symptoms or terminal Chronic interstitial nephritis, etc. The contributory diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Purperal septicaemia," "Purperal peritonitis," etc. "Urnemla," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart fallurc," "Haemorvulsions," "Dehility" ("Congenital," "Senile," etc.), Nomenclature of the American Medical Association. ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. FOR VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-(second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF MA	RYLAND-CERTIFICA	TE OF DEATH
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05306

Registration Dist. No. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U. S. If of foreign birth? St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U. S. If of foreign birth?yrsmos St., Ward. If nonresident give city or town and State
mos. ds. How long In U.S. If of foreign birth? yrs. mos
St., Ward. If nonresident give city or town and State
If nonresident give city or town and State
If nonresident give city or town and State
may / 3 193 2
(Month) (Day) (Year)
22. I HEREBY CERTIFY. That I attended deceased in
Tel. 5 1932 to large 14 193
I last saw her alive on Rung 14 1932 death is
to have occurred on the date stated above, et 4.5 m.
hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
Cerefon artinis- delevinis 3 pe
Other Contributory Causes of importance:
Central Varombre 1 with
_ Chn Interestitual nephrotis -
Name of operation
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external ceuses (VIDLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury19
Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Manner of injury
Nature of Injury
24. Was disease or injury in any way related to occupation of deceased? 24
If so, specify
(Signed) Selvoeff
and the same
n

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related eauses Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis 3 days ago Julu 5.1927 Cerebral hemorrhage BURRAD Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis 1 year Gallstones May 1.1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA:
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1848-11-878-158

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County	NOT	alse	ster.		4	Registration	Diet No //	0
	V	910	- 1 fa	- m	No.	Registration	Dist. No.	
Village of	Gily	July	e jou	10, 100	f death occurred in a hospital or	institution, give its NAM	IE instead of street and	number)
Length of	residence in city	town where d	path occurred 2		sds. How long in U.	S. if of foreign birth?	yrsm	108
2. FULL N	AME	sabe	elk y	Spasi	ing			
(a) Resid	dence: No.				St. Ward.			
(0) 110010	1011001 1101		(Usual place	of abode)		If nonresiden	t give city or town and	State
PERSO	DNAL AND	STATISTI	CAL PARTI	CULARS	MEDICA	L CERTIFICATI	E OF DEATH	
3. Semale	1. COLOR	OR RACE	5. SINGLE, MARI OR BIVORCEI	RIED, WIDOWED,	21. DATE OF DEAT	TH May	(Day)	_, 193.2/ (Year
5a. If married, wid HUSBANO o	dowed, or divor	ed				(Month)	(Day)	(теа
(or) WIFE of					22. // I HERE	BYCERTIF	1/	deceased
		No	+ 103	1010	77	11/	May 15	, 19_0
6. DATE OF BIRT 7. AGE	H (month, day, Years		1	1910	I last saw h. Lea. alive o	7.	10.1.19.32	, death is
7. AGE	rears	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date The PRINCIPAL CAUSE OF	. / /		
1		-		ormin.	were as follows:	DEATH and related cau	ses of importance	Oate of
SAWY	ofession, or par of work done, a 'ER, BOOKKEEP	s SPINNER S CA	hool Ja	eacher	Calman	my dule	reelms	-
9. Industry of work SAW	or business in was done, as SI MILL, BANK, et	which LK MILL, s			-			-
10. Date dece this or year)	eased last work ccupation (mont	ed at h and	11. Total ti span occu	me (years) It in this pation		*************		-
12. BIRTHPLACE	(aity or town)	M	d.		Other Contributory Causes of		ema Calife-	
(State or c			11		1/3/	1 nu	imas the	
13. NAME	Howa	rd &.	Haste	ing				
13. NAME 14. BIRTHPLA	ACE (city or tow	n m	28.		Name of operation			
(State	e or country),	(۱۱)	an D		What test confirmed diagnosi			
15. MAIOEN	NAME ATOI	lie 6.	Mean	they	23 death was due to extern			
15. MAIOEN 16. BIRTHPLA	ACE (city or tow	m	8,	1	Accident, suicide, or homicid		,	
area I	or country)	II)	. /		Where did Injury occur?		Date of Injury	, 19_
17. INFORMANT	fowg	rdfor	Haste	ing LRFN#3	Specify whether injury occur	(Specify city or red in INOUSTRY, in Ho	r town, county and Stat OME, or in PUBLIC PL	ie) ACE.
18. BURIAL, CREM	ation or RE	dure	Pate Mar	. 4	Manner of injury			
19. UNOERTAKER (Address)	T.D.	Trave	nor &	Bens	24. Was disease or injury in	any way related to occup	pation of deceased?	lio
(Address)	1 /3 19	32 J7	+ Hart	11180	If so, specify (Signed)	mas lo	Mille	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II		
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Other contributory causes of importance:				
		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	infol stat UPA	1. PLACE OF DEATH County Dorchester Combridge Md	(108)	
1	E CC	County Dorchester	Registration Dist. No. II6	
	short of C	Village or City Cambi Tuge, Mu.	No. Cambridge Md Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
/			ds. How long in U.S. If of foreign birth?yrsmosds.	
/	Every CIANS ement	2. FULL NAME James Hill		
1			St, Ward.	
	RECORD. PHYSI	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
	E S	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
דה	LY	Male White OR DIVORCED (regime the word)	May I6 (Month) (Day) (Year)	
BINDIN	XACT Classified	5a. If married, widowed, or divorced HUSBAND of MISS Robbins. (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	
Z		6. DATE OF BIRTH (month, day, and year) 9/I/I880.		
	d I erly cat	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 9 I Qm, P . M .	
FOR	IS A PE stated E properly certificate	5I 6 I5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
A	HIS be of o	8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	John mummid	
N.	K—TH tould may back	9 Industry or husiness in which		
ER		work was done, as SILK MILL, SAW MILL, BARK, etc.		
RESERVED	0 4 10	10. Data dacaasad last workod at this occupation (month and year) spent in this occupation		
	NFADING plied. AGI rms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:	
ARGIN	ADIN ed. A s, se t	(State or country) Maryland		
IR(UNFAI upplied. terms, e instru	13. NAME John W. Hill		
M	y sul	13. NAME John W. Hill 14. BIRTHPLACE (city or town)	Neme of operation	
*	YII .	1 (State of Country) Mart y Latter	What test confirmed diagnosis? Was there an autopsy?	
		E	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
J'	TLY VTTH por	(State or country) 16. BIRTHPLACE (city or town) (State or country) Maryland	Where did injury occur?	
5	E PLAINLY, should be can OF DEATH very import	17. INFORMANT Mrs James Hill. (Address) Thomas Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	Shoop OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	-WRITE mation s CAUSE TION is	Place James Md. Date 5/19/32,49	Nature of injury	
p =4	-WRIT mation CAUSI TION	19. UNDERTAKER Granville S. LeCompte.	24. Was diseasa or injury in any way related to occupation of deceased? 740	
No.	B	(Address) Cambridge Md.,	If so, specify	
×.	z (T)	20. FILED May 18,19 32 E. E. Wolff Registrar.	(Signed) M. D. (Address) Cambridge Mile	

65303

. . .

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	IIIN 7 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial nep	hritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREATIVES	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	THER STATEMENTS BY PHYSICIAN
---------------------------	------------------------------

STATE OF MARYLAND—	-CERTIFICATE OF DEATH (5309)
County Dorchester	Registration Dist. Np. II6
Village or City Cambridge R. F. D.	NDSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mo	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME arthung 1detahen	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR ACE No. 1. COLOR OR ACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. tf married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I lest say have alive on May 17, 1912; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 16 0, 11.
7 2 J 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuter kind of work done, as SPINNER,	D. S.
SAWYER, BDDKKEEPER, etc.	Oseumonia - Lobar May 15
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and spent in this securation)	
1D. Date deceased lest worked at this occupation (month and spent in this	
year) occupation	Dther Coutributory Causes of importance;
12. BtRTHPLACE (city or town)	Durie Conditional Consession importance.
(State or country)	
13. NAME Attack 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis?Classical Was there an eutopsy?Ho
15. MAIDEN NAME May 6. / Falsa	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME N. E. Philosophia 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred In INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL Place Date Date Date	Manner of injury
19. UNDERTAKER 45. Le 44. (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED May 19, 19 32 E. E. Wolff Registrar.	(Signed) Da . J. Threver, S. M. I

ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife im answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JUN '7 1952				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S = 30	PLACE OF	DE
E EX	County Dore	h

HTA .7.

STATE OF MARYLAND CERTIFICATE OF DEATH

County Norcupa	3
1	Registration Dist. No. 112
Will service (No.	St.: Ward) If death occurred in
Village or City (No	St; Ward) If death occurred in a hospital or institu-
1 triange 14 mo 1	(velus) Olympian holy amber.)
2 FULL NAME ILA MACCIA	Aumphous Limber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 1 COLOR OR RACE 5 SINGLE	16 DATE OF DEATH
MAN SUD, WIDNED	3 / 5 , 182
(Write the word)	(Month) (Duy) (YEAT) IT HEREBY CERTIFY, That I attended the decensed from
6 DATE OF BIRTH	17,213 V 17,8/3 V
19' 02.	192
, 1, 3 -	that I last saw h
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than I day hrs.	The CAUSE OF DEATH & was as follows:
yrs	forwature Deth
8_OCCUPATION	11 months Testation
(a) Trade, profession or None	
(b) General nature of industry	
business, or establishment in	(Duration)yrsmoode
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
In your on	(Duration)yrsmos da
10 NAME OF FATHER	(Signed) Diogram M.D.
9 H NINGHAM	17/8 13 2 (Adress) Hurand Mil
of Father	State the Disease Causing Death, or, in deaths from
(State or country) (State or country) 2 MAIDEN NAME	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidul or Momicidal
OF MOTHER May Hymphines	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients, or Recent Residents)
OF MOTHER (State or country)	At place In the of death yrs mos da. State,yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) May Alumphreus	Former or usual residence
11 1 1 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Allenda Mad	1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
16 m. 21 0 CO 1 10 1	20 UNDERTAKER ADDRESS
Filed May 21 1982 Clegabeth n. braft.	1 = +1 0/01/11/51
V Registrary	Author & Jenny Chick Villend les

" wore blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requestior V. S No. 2.

Every item, of information should be carefully supplied ACE should be stated EXACTLY, CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. FOR INK---THIS RESERVED WITH UNFADING MARGIN V. S. No. 1.

Z. E.

RECORD

BINDING

(Approved by U. S. Census and American Public Health Association.) Statement of Occupation -- Precise statement of oction applies to each and every person, irrespective of For many occupations a single word or term on sary to know (a) the kind of work and also (b) the en at home, who are engaged in the duties of the work, or At Home, and children, not gainfully emfulness of various pursuits can be known. The ques-Civil engineer, Stationary firemen, etc. But in many nature of the business or industry, and therefore an additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furn laborer, Laborer-Coal mine, etc. Womhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housevoife, Houseployed, as At "chool or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed or given up on account of the pishase causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (recupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Plantor, Physician, Compositor, Architect, Locomotive engineer, cases, especially in Industrial employments, it is necesshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement. For persons who have no occupation whatever, write None. tired (i yrs.).

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebroapinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchodeneumenia ("Preumonia");

nuges, peritonacum, etc., Carcinomu, Surcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory affection need not be (disease ary), 10 ds. Never report mere symmtoms or terminal (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions." "Debillty" ("Congenital," "Senlle," etc.), "Dropsy," "Exhausticn," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia,""PUERPERAL peritonitis," etc. State eause for which surgleal operation was undertaken. For violent deaths state means of injuri and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury. as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on inqualified, is indefinite); Tuberculosis of lungs, men-(second-Nomenclature of the American Medical Association.) stated unless important. Example: Measics such as "Asthenia," "Anaemia", causing death), 29 ds.; Bronchopneumonia can be ascertained as the eause. (secondary or intercurrent) conditions.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See instructions on back of certificate.

mation should be carefully supplied.

B.—WRITE PLAINLY

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLA	CE OF DEA	TH T	THIN CO.		(<u>S</u>)	
Cou	inty Doro	chester		ATH LIBITE OF	Registration Dist. No.	116
	age or City gth of residence in c	-2	A.T. 28624	(lf	NCambridge Md. Hospital death occurred in a hospital or institution, give its NAME instead of str ds. How long in U.S. if of foreign birth?	
2. FUI	L NAME	Infant	Jackson			
	Residence: No.			of abode)	St., Ward. If nonresident give city or to	own and State
PE	RSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX		or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May (Month) (Day)	, 193 8 (Year)
HUSB	ed, widowed, or div AND of IFE of	orced			22. I HEREBY CERTIFY, That I a May 18, 19.32, to May 18	, 19.32
6. DATE OF	F BIRTH (month, da Years	y, and year) Months	ay 18, 19 Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importar were as follows:	
12. BIRTHE	kind of work done SAWYER, BOOKKE lustry or business i work was done, as SAW MILL, BANK, te deceased last wo this occupation (mc year) PLACE (city or town) the or country)	eper, etc	11. Total t	ime (years) nt in this upation	Still-born Other Coutributory Causes of importance:	
		lie Jacks				
13. NA 14. BIR	THPLACE (city or t (State or country)	01111/	rch Creek yland.		Name of operation D What test confirmed diagnosis? Was the	
Ξ	IDEN NAME	Golden Jo	ohnson		23. If death was due to external causes (VIOL ENCE) fill in also the	following:
16. BIRTHPLACE (city or town) Church Creek, (State or country) Maryland. 17. INFORMANT Golden Jackson (Address) Church Creek Md.					Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUI	and State)
18. BURIAL, CREMATION, OR REMOVAL Place Disposed of at Hospite May 18 ,19 32					Manner of injury	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
19. UNDERTAKER Orderly at hospital (Address) Cambridge, Md.				2.1.011	24. Was disease or injury in any way related to occupation of decear If so, specify	ised?
20. FILED	May 18	1952	4. 6	Vallenstrar.	(Address) Cambidge, 21	ist

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example_II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		THE CONTRACT	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1,19		Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	County Dorchester	Registration Dist. No. II6
)	Village or City Cambridge, Md. Length of rasidence In city or town where death occurred	No. Cambridge Md. Hospitalest, W f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos.
	2. FULL NAME Sallie M. Johnson.	>
	(a) Residence: No. Fishing Creek, Md.,	St. Ward.
STATE OF THE PARTY.	(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married	21. DATE OF DEATH May 26 , 1932 (Month) (Day) (Yaar)
5a.	If married, widowed, or divoked HUSBAND of (or) WIFE of George Johnson.	22. I HEREBY CERTIFY, That I attended deceased in
-	DATE OF BIRTH (month, day, and year) 12/22/1869_	Hast say the alive on May 25 1992; death is
7.	AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated eleve, at 3 • 10 A • M • The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
ATION	8. Trade, profession, or patticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Work 9. Industry or business in which	Cerebral Thromboris 10d
UPA	work was done, as SILK MILL, SAW MILL, BANK, etc.	
OCCO	10. Data deceased last worked at this occupation (month and spent in this	
-	year) occupation	Other Coatributory Causes of Importance:
12.	BIRTHPLACE (city or town) (State or country) Marvland	77
HER	13. NAME William E. Brohawn	Wheno-Oderous 1-2
FATH	14. BIRTHPLACE (city or town) (State or country) Maryland	Name of operation
ER R	15. MAIDEN NAME Elizabeth A. Brohawn.	What test confirmed diagnosis? Clean Was there an eutopsy? 23. If death was dua to extarnal causes (VIOLENCE) fill in also the following:
MOTHE	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Σ	(Stata or country) Maryland.	Where did injury occur?
17.	INFORMANT William E. Brown. (Address) Cambridge, Maryland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	BURIAL, CREMATION, OR REMOVAL Place Salem, Md., Date 5/29/32.09	Manner of injury
18.		
	UNDERTAKER Granville S. LeCompte. (Address) Cambridge, Maryland.	24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Run over by street car 1	1 week ago 1 week ago
Run over by street car 1	1 week ago
	-
Peritonitis 3	0 7
	3 days ago
Other contributory causes of importance:	
923 Gastroenteritis	1 year
	923 Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ż

certificate.

TION is very important. See instructions on back of

1. PLACE OF DEATH	<u> </u>
Village or City Cambridge	Registration Dist, No. No. Maturitty Ward St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foraign birth?yrsmosds.
(a) Residence: No. Hembroks Obird (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 31 , 193 2- (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	i last saw h alive on
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Atill Born
10. Oata deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Canses of importance:
13. NAME Harry A Juliuson 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
15. MAIOEN NAME Mary L. hugges 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mary L. Julium (Address) Carbelings, Ind.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Guiling Must Wiff Oata 131 , 19.3"	Manner of injury
19. UNDERTAKER Cambrille Int Worff (Address) Cambrille Will 20. FUED Day 20 / 10. 32. \$ 5. Wolff	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. E
20. FILEO. L., 19	(Address) Cambridge MM.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II		
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1111 7 103	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V	JAY 5,1027	Peritonitis	3 days ago	
Other contributory causes of	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	PLACE OF DEATH ounty Dorchester age or City Vienna, R.D. (No. 2 FULL NAME Maggie Missouri Joll	Registration St.: War	E OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATI	E OF DEATH
	emale Colored. Single, Widow.	May -18th. (Month) 17 I HEREBY CERTIFY, That I	(Day) (Year)
6 D	ATE OF BIRTH	May 16th., 1932, , M	
	March 17th., 1855. (Year)	that I last saw 197 alive on May.	16th.,19321-2,
7 AC		and that death occurred on the date sta The CAUSE OF DEATH % was as follows Appoplexy.	
(a)	OCUPATION (1) Trade, profession or articular kind of work. (2) General nature of industry usiness, or establishment in hich employed or (employer). (State or country) Maryland.	Contributory. Secondary (Duration)	0 yrs 0 mos 0 ds.
	10 NAME OF EXERTER Brekiel Ross.	(Signed) Bluvard &- 6	fandlus M.D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Unknown.	*State the Disease Causing Dear Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hos	th, or, in deaths from njury; and (2) whether
	13 BIRTHPLACE OF MOTHER (State or country) Unknown.	ients, er Recent Residents) At place Into of deathyrs,mosda, St Where was disease contracted,	he ate,yrsmosda.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	posender gar resolven and the control of the contro
	(Informant) Fulton Jolly.(Son.) (Address) Vienna, Maryland.	19 PLACE OF BURIAL OR REMOVAL Vienna, Md.	DATE OF BURIAL May 18"1932.
15 F	iled May 18th. 191932. Elizabif Graft-	20 UNDERTAKER H. M. Sinclair,	ADDRESS Cambridge, Md.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If reti ployed, as At school or At home. Care should be taken definite salary), may be entered as Houseville, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked en may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotic engineer, the first line will be sufficient, e. g., Furmer or Pluntar, tion applies to each and every person, irrespective of fulness of various parsuits can be known. cupation is very important, so that the relative healthtired 6 yrs.). business, that fact may be indicated thus: Farmer or or given up on account of the DISEASE CAUSIN Housemaid, etc. If the occupation has been gaged in domestic service for wages, as Screa to report specifically the occupations of powers en-(a) Foreman, (b) Automobile factory. whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully cm-For persons who have no occupation -Cal mine, etc. Wom-The material The quesbut ged at. Cook, DATE, Dom

Exacement of Cause of Death—Name, first, the pissase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebro hand fever (the only definite synonym is "Epidemic cercbrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lodar pneumonia, Bronchopneumonia ("Pneumonia.")

can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); Meastes;(name origin; "Cancer" is less definite; avoid mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and conse train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debillty" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory ment of cause of death approved by Committee quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The nataken. For violent deaths state means of injury State cause for which surgical operation was under "Uracmia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart disease; head of "contributory." (secondary or intercurrent) affection need not be Example: Meastes (Recommendations on state-"Coma," "Conterminal (disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. 8

	CAL CLICITICAT	E OF DEATH	
21. DATE OF D	May (Month)	II (Oay)	., 193 2 (Year)
I last saw h	alive on after	This 2	
	SE OF DEATH and ralated cat	ises of Importance	Date of enset
wor un after me	* see to	Logica	20
	Mue iagnosis? Nane		
What test confirmed d 23. If death was due to Accident, suicide, or h Where did injury occu	external causes (VIOL ENCE) omicide?	Was there a fill In also tha follow Date of injury	n autopsy? 24 ing: , 19
What test confirmed d 23. If death was due to Accident, suicide, or h Where did injury occu	external causes (VIOL ENCE) omicide? Ir? (Specify city of courred in INOUSTRY, in F	Was there a fill In also tha follow Date of injury	n autopsy? 22 ing: , 19

19. UNDERTAKER (Address)

If more blanks are needed, address State Registrat

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	The Same South	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 7 1982	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.	1		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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05316

1. PLACE OF DEATH	_		(ISI)	
County Dorchester County Dorchester			Registration Dist. No. II6	
Village or City Cambrid			No. 32I Willis Street St., death occurred in a hospital or institution, give its NAME instead of street and it	Ward
Length of residence in city or town where	death occurred	_yrsmos	ds. How long in U.S. if of foreign birth?yrsm	os ds.
2. FULL NAME Mary J	. Marshal	1		
(a) Residence: No. 32I Wi	llis Stre (Usualplace of a	et.	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICL	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (qurite the word) Wildowed			21. DATE OF DEATH May (Month) 25 (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Late Levin	P. Marsh	nall.	22. Jan HEREBY CERTIFY, That I attended 1913. to May 25	
6. DATE OF BIRTH (month, day, and year)	1/21/184	9 /	Mast saw has alive on May 240 , 1902	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at I. 30 mA. M.	
83 4		l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None		Chronia Interstition	abort
9: Industry or business in which work was done as SILK MILL.	75		1 11 4	14000
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima	(years)	Refhritie	-
this occupation (month and year)	spent in occupat	n this X		
12. BIRTHPLACE (city or town) (State or country) Maryla	ınd.		Other Contributory Causes of importance: Metric Caging to Tron	4-5-ma
# 13. NAME Thomas Spedd	len.			
14. BIRTHPLACE (city or town)	·		Name of operation	
	land		What test confirmed diagnosis?	aulopsy?
15. MAIDEN NAME Ann Spe	eaaen.		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country) Mary	land.		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Miss Mabel (Address) Cambridge,	Marshall.		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md.	Date 5/2"	7/32,0	Manner of injury	
19. UNDERTAKER Granville S (Addiess) Cambridge	Le Compte, Marylan	te. nd.	24. Was disease or injury in any way related to occupation of decaased?	ns.
20. FILED May 27, 19 32	E Rev.	Alff PRegistrar.	(Signed) 22 G. Mriver	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	ii	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 7001	3 days ago
		7007 7 July 7 Ju	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation sary to know (a) the kind of work and also (b) the additional line is provided for the latter statement; it Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day -Coal mine, etc. Womhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housevetje, Housework, or At Home, and children, not gainfully employed, as 4t echool or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation bas been changed or given up ou account of the diseash causing Death, nature of the business or industry, and therefore an The material worked on may form part of the second statement. Statement of Occupation-Precise statement of oceupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Furmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Givil engineer, Stationery firemen, etc. But in many cases, aspecially in industrial employments, it is necesshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. laborer. Farm laborer, Laborerwhatever, write None.

Steament of Cause of Death—Name, first, the pistease causing death—to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"): Lobar pneumonia, Bronchodneumonia ("Phenumonia"):

and qualify as accidental, suicidal, or Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory," (Recommendations on statement of cause of death approved by Committee on stated unless Important. Example: Measles (disease symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL Septicuemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injust nges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be 'Dropsy," 'Exhaustien," "Heart failure," "Haemoruse of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory ary), M ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely unqualified, is indefinite); Tuberculosis of lungs, mem-Nomenclature of the American Medical Association.) Whooping cough; Chronic valvulur heart causing death), 29 ds.; Bronchopneumonia

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

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1	a	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
E	-	E	im
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RIT	ion	USI	Z
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3	-	-	,

STATE OF MARYLAND-	CERTIFICATE OF DEATH 65318
1. PLACE OF DEATH	311
County Dushester	Registration Dist. No. // 6
Village or City Cambudge	No. St. Ward
Length of residence in city or town where death occurred vrs mes.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
01.00.1419	B. to
2. FULL NAME Salue Chigabeth 1	aprice .
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Aunale Cal OR DIVORCED (write the word)	(Month) (Dey) (Yeer)
t f merried, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That I ettended deceased from
Am	7,10
6. DATE OF BIRTH (month, dey, and year) /6 /932 7. AGE Yeers Months Deys It LESS than	last saw h etive on
1 dey,hrs.	to heve occurred on the dete stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance
J ormin.	were agfollows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Orimature (6 manths)
9. Industry or business in which	congeneral regionalis
S. Trade, profession, of particular in the profession in	
10. Dete deceased lest worked et this occupetion (month end spant in this	
year) occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Cambudge	Other Controllery Causes of Importance.
(Stete or country)	
13. NAME THE THE THE THE THE THE THE THE THE TH	
14. BIRTHPLACE (city or town).	Neme of operation
(State of Country)	What tost confirmed diegnosis? Climine Wes there en eutopsy?
15. MAIDEN NAME Dadie Barley	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
S (State or country) Suchuster That	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT James Myster	Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Madison, Ml. Date May 22 1932	Manner of Injury
E. 8 %	Neture of Injury
19. UNDERTAKER And And Andrews	24. Wes disease or injury in any way related to occupation of deceased?
Que 22 S Salles A	If so, specity — (Signed) Carvell McClair M. D.
20. FILED May 12, 1932 C. C. World	(Address) Cambridge The
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	h	Example II The principal cause of death and related causes Date of onset of importance were as follows:	
The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUN 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPAitem of infor-RECORD. Every WITH UNFADING INK-THIS IS A PERMANENA MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PRAINLY,

V. S. No. 1

1			MAR	YLAND-	CERTIFICATE OF DEATH (1531)
	1. PLACE OF DEA		17 E1E Ban.		(131)
	County Dor	chester	2.5	TATE LIMITS	Registration Dist. No. 116
1	Village or City	Cambride	ge, Mar		No. IOI West End Ave. St., W
	Length of residence in c	ity or town where dea	th occurred	yrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
	2. FULL NAME	Elizabet			
	(a) Residence: No.	IOI West			St., Ward.
-	PERSONAL AN	ND STATISTIC	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLO		, SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 3I 193 2
5a.	. If married, widowed, or dive HUSBAND of The (or) WIFE of The	orcad Late Edwa	ard W.	North.	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased for the deceased for t
6.	DATE OF BIRTH (month, da	v. and year)	3/13/18	358.	I last saw h 1 alive on 2 1 1932; death is s
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 8 . 30 _m . M .
	74	2	I8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
OCCUPATION	8. Trada, profession, or p kind of work dona, SAWYER, BDOKKE! 9. Industry or business it work was done, as SAW MILL, BANK, 10. Data deceased last wo this occupation (year)	n which SILK MILL, etc rked at	spai	ime (years) nt in this X	Cardia-Rinal Vascular Diacon 1930
12.	BIRTHPLACE (city or town) (State or country)	icomíco (County,	Md.	Other Cantributory Causes of importance: acute Cardiae Delatation male
ER	13. NAME Wi	lliam R.	Stewar	t.	
FATHER	14. BIRTHPLACE (city or to (State or country)	Maryl	Land		Name of operation Date of Was there an autopsy?
IER.	15. MAIDEN NAME		Messi	.ck.	23. If death was dua to external causes (VIDLENCE) fill in also that following:
MOTHER	16. BIRTHPLACE (city or to (Stata or country)	Maryl			Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17.	INFDRMANT Mrs (Address)	. Joseph Cambrida		-	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR F		Date 6/2	2/32:,19	Manner of Injury
19.	UNDERTAKER Gran	ville S. Cambridge	Le Comp	te. Land.	24. Was disease or injury in any way related to occupation of deceased? 24.
20.	FILED June 1,	1932	2.22	Dolff Registrar.	(Signed) Elloff M (Address) Cambidge and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inning engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclcrosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	,			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

a, •	

PHYSICIANS should state

stated EXACTLY.

should be

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

be carefully supplied.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

-WRITE

B

	CERTIFICATE OF DEATH 05320
1. PLACE OF DEATH	[31]
County Druman	Registration Dist. No.
Vittage or City Cambulya (2710 1-4	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Rashad a Paratt	
Atul Pord Mal	01 101
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CREATED S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Coming the word)	21. DATE OF DEATH Way 193 V (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF BIRTH (mostly day and man)	I last saw h_ alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 3 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows: Date of one et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPR, etc.	Ritu. rutemi
8. Trade, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	acute Audolomous
# 13. NAME John B. Parus	
I3. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME COMME COMME	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME (White of the control of the contro	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT YM. YM. MICHAELLY (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Mul Pate May 2, 19 3 h	Nature of injury
19. UNDERTAKER Still Fond, md.	24. Was disease or injury In any way related to occupation of deceased? W

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dear of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1020	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	3014 11 2000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V	July 5, 1927	Peritonitis	3 days ago	
		السيدات			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	URTHER	STATEMENTS	BY	PHYSICIAN
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M	N. BWRITH PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
9	ENT RE	LLY.	ed. Exa		23
INDIN	RMANI	XAC	classifi	•	_
FOR B	S A PE	tated E	roperly	rtificate	7
MARGIN RESERVED FOR BINDING	G INK-THIS I	GE should be s	hat it may be p	TION is very important. See instructions on back of certificate.	S S S S S S S S S S S S S S S S S S S
MARGIN]	TH UNFADIN	y supplied. A	lain terms, so t	See instructio	FATURD
	NLY, WIT	be carefull	ATH in pl	nportant.	MOTUED
(TI PLAI	I Should !	SE OF DE	is very in	1
V. S. No. 1	B.—WRI	matio	CAUS	TION	
V. S.	ż	1)		1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05321
1. PLACE OF DEATH	82-a)
County Northalm	Registration Dist. No.
Village or City Cumhady (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death ocurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Maggie Clipan	To Pallison
(a) Residence: No. 106 1 muse AT	St., Ward.
(Usual place of abode) ' PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Transle Milas OR DIVORCED (write the word)	may 8 1932
a. If married, widowed, of divorced	(Month) (Oay) (Year)
(or) WIFE of Jan. R. Pattiern	22. I HEREBY CERTIFY. That I attended deceased from
1 1 4 1 5 - 1	I last saw h alive on 19 to 193 ; death Is sai
DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 10.5.5.0m.
75 7 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Oate of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	lighted frammhage.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and spant in this year)	
2. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME MM P. Villiss	
13. NAME PM. P. Billias 14. BIRTHPLACE (city of town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Payout grannor	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Payout Purnor: 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?
0.11:	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT (Address)	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Conf Mr Mulest, Oate May 10, 193 L	Nature of injury
9. UNDERTAKER trank & albangh	24. Was disease or injury In any way related to occupation of deceased? Www
(Addiess) Cambrille M.	If so, specify
20. FILED May 9, 1932 E. Wolff Registrar.	(Signed) Care dislay Not.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago 1 week ago	
Chronic interstitial nephritis		1921	Run over by street car		
Cercbral hemorrhage	BURBAU V. S.	July 5,1927	Peritonitis	3 days ago	
	BUMBA	3			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1934-30 8 30

County Darches	ter	•	Registration Dist. No.	10
Village or City Near 2	alistron	No.		Ward
Length of residence in city or town where		f death occurred in a hospital or institution,	give its NAME instead of street ar	d number)
1	death occurred yrsmo	sds. How long in U.S. if of for	reign pirtn/yrsyrs	_mosds.
Zi i OLL RAME	1 smay	01 11-1		
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town a	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CER	TIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1ay 28	, 193 2
5a. If married, widowed, or divorced		(1	Month) (Day)	(Year)
HUSBAND of (or) WIFE of			CERTIFY, That I attend	
6. DATE OF BIRTH (month, day, and year)	Man 5,8 1932	I last saw h alive on	, to	
AGE Years Months	Days If LESS than	to have occurred on the date stated ab		; death is said
2000	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH a		
8. Trade, profession, or particular kind of work done, as SPINNER,		Total by	orn	Date of onset
SAWYER, BOOKKEEPER, etc	1400	1/remal	tue,	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Hull Drin	Dead about	T such before	
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	account)	
year)	occupation	Other Contributory Causes of importan	ice:	
2. BIRTHPLACE (city or town) OTCC (State or country)	hester en Plis	-		
1 7 0 7 0	Phillips			
13. NAME Earl 10. 14. BIRTHPLACE (city or town).	retmust leo	Name of operation	Data of	
(State or country) 15. MAIDEN NAME Clarg	a Mid	What test confirmed diagnosis?		
15. MAIDEN NAME CLARG	16 speridge	23. If death was due to external causes		
16. BIRTHPLACE (city or town)	thester ev f	Accident, sulcide, or homicide?	Date of injury	, 19
(State or country)	Por Mil	Where did injury occur?	(Specify city or town, county and S	tate)
17. INFORMANT Oar / / (Address)	I helly s	Specify whether injury occurred in IN	DUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OB, REMOVAL	20 -11 20th -1	Manner of injury		
Place W North	Date May 28, 1932	Nature of injury		
19. UNDERTAKER Joy Un dert	aker	24. Was disease or injury in any way re	elated to occupation of deceased?_	
(Address) Steenharm	the text	If so, specify	is of face	
	Mousture to	(Signed)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deccased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.-WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(100 QU
County Derchester	Registration Dist. No.
Village or City Cambrudge	No. Cambridge M. Hoff, St., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
11/100: 10	now long in 0.5.11 of foreign bitting
2. FULL NAME	Minder
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Colored OR DIYORCED (write the word)	(Month) 2 3 , 193 2 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. CHEREBY CERTIFY Thet I attended decessed from
6. DATE OF BIRTH (month, day, end yeer) 1868 unless	last saw h was alive on way hat 19 th death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.16 P. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cordis Rend Vascula
Industry or business in which work was done, as SILK MILL,	dinare
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
this occupation (month and sugar) spent in this year)	6
12. BIRTHPLACE (city or town) Archester Co.	Other Contributory Causes of importance:
(State or country), mayyland	
13. NAME William Sinder	
13. NAME William Sinder 14. BIRTHPLACE (city or town). Dorchester Co, Md	Name of operation
(Stete of country)	Whet test confirmed diegnosis?
15. MAIDEN NAME Wilke Q. Chase 16. BIRTHPLACE (city or town) Qoulestin Cs	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Corchestive Co	Accident, suicide, or homicide?
(State or country) Inaluflance	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jusish Unker	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	-
Place Fork Keck Date May 28, 1932	Manner of injury
21. 201 06 00 01	Notare of mjary
19. UNDERTAKER (Address) (Address)	24. Wes disease or injury in any wey related to occupation of deceased?
	(Signed) M. D.
20. FILED May 27, 19 32 2 Registrar.	(Address) Cambridge MM
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
-				

RECORD. MARGIN RESERVED

S. No.

state

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PHYSICIANS statement

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properly stated may that terms, ain efully a CAUSE -WRIT mation TION

no

instructions

important

(Address) Cambridge, Maryland

18. BURIAL, CREMATION OR REMOVAL

19 UNDERTAKER

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. // 6 County Dorchester Village or City Cambridge NoEastern Shore State HospitalSt., (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred 8 yrs 6 mos 29 ds. How long in U.S. if of foreign birth? yrs mos ds. 2. FULL NAME Charles Richards (a) Residence: No. Wicomico County, Maryland (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Single 5a. 1f married, widowed, or divorced HUSBAND of 22. 1 HEREBY CERTIFY, That 1 attended deceesed from (or) WIFE of October 17, 19 23 to May 16, 19 32 I test saw h im alive on May 16, 1952 death is seid Unknown 6. DATE OF BIRTH (month, day, end year) to have occurred on the date stated above, at 4:52 Pm. 7. AGE Years If LESS than Months Devs I day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance About 76 or____min. were as follows: Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Laborer on farm 1930 Chronic myocarditis 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... Farming II. Totel time (years) spant in this occupation Several 10. Data deceased last worked et this occupation (month end year) UNKNOWN Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Pittsville Maryland (State or country) HER Unknown I3. NAME FAT Unknown 14. BIRTHPLACE (city or town). Maryland (State or country) What test confirmed diagnosis?_____ Was there an autopsy? MQ_ OTHER Unknown 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19...... Unknown 16. BIRTHPLACE (city or town). Σ Waryland (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT E.S.S. Hospital Records

Registrar.

Manner of injury

If so, specify

24. Was disease or injury in any way related to occupation of deceased? No.

(Address) ___ Cambri

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

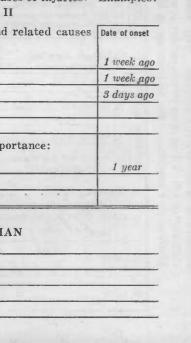
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

6.	-	9	()	-	
U	U	3	4	1)	

Med

1.	PLACE OF DEATH				-(131)			
	County Dorchester	IN OURPORAT	LIMITE OF			Registrati	on Dist. No. II6	
	Village or CityCambr:	idge, Md.	- 9(If	No. 407 death occurred in a	Race	Street		
	Length of residence In city or town whe	re death occurred	yrsmos	ds. How	long in U.S.	If of foreign birth?	yrsm	osds.
2	FULL NAME Joseph	Edward R	obbins.					
	(a) Residence: No. 407 Re	Ce Stree	t. of abode)	st., 4	War d.	If nonresid	lent give city or town and	State
PORTO DE	PERSONAL AND STATIS	STICAL PART	ICULARS	М	EDICAL	CERTIFICA	TE OF DEATH	
3. S	Male 4. color or RACE White	5. SINGLE, MAR OR DIVORCE Marri	RRIED, WIDOWED, D (write the word) Odd	21. DATE O	n et	Nonth)	Ist (Day)	, 193 2 (Year)
5a.	If married, widowed, or divarced HUSBAND of (or) WIFE of	ames.		22. March	HEREE		FY, That I attended	deceased from
e r	ATE OF BIRTH (month, day, and year)	9/18/192	2.1866	I last saw h	alive on	april	" M	; death Is said
7. 4		Days	If LESS than				30 A.M.	
	65 7	I3	1 day,hrs.	19			causes of importance	1
7	8. Trade, profession, or particular			Here da lonona.		2	,	Date of onset
110	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Merchan	ıt	Chron	ucy	Inters	tutial	-
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	x				nell	intis	1-937
00	10. Date deceased last worked at this occupation (month and year)	spa	time (years) ent in this X upation					
12.	BIRTHPLACE (city or town)			Other Contributor	ry Canses of i	mportance:		
_	(State or country) Marylar			Myo	cone	dutes	May	1902
ER	13. NAME James Rol	bbins.						
FATHER	14. BIRTHPLACE (city or town)(State or country)	aryland					Date of Date of	autopsy? 4
ER	15. MAIDEN NAME Nancy	Cannon.	7-15-				E) fill In also the following	
MOTHER	16. BIRTHPLACE (city or town)						Date of injury	
ž	(State or country) M.S.	aryland.		Where did Injury	occur?			
17.	INFORMANT Benjiman Ro (Address) Cambrid	obbins.		Specify whether i	injury occurre	(Specify cit d in INDUSTRY, i	y or town, county and Sta 1 HOME, or in PUBLIC PL	te) ACE.
18.	BURIAL, CREMATION, OR REMOVAL PlacCambridge, Cer		Md. 1932	Manner of injury Nature of injury				
19.	UNDERTAKER Granville (Addiess) Cambridge	S. LeCon	npte.		r injury in an		ccupation of deceased?	Ro
20.	FILED May 3, 19.32	ESS	Kegistrar.	(Signed)	ress)	11: 9	hrever	M. D.
	If m	ore blanks are needed,	address State Registrar,	2411 N. Charles Stre	eet, Baltimore,			111-1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance:	1 year
		3000
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Douhalm	Registration Dist. N
Village or City Capo hd:	ND. If death occurred in a hospital or institution, give its NAME instead
	isds. How long in U.S. If of foreign birth?y
2. FULL NAME Ins Emily & Roti	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 2
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of WAR TO RECEIVE TO THE PROPERTY OF THE PROPERTY O	22, I HEREBY CERTIFY, The
10 8 10 /	1937, to kee
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at . 4 P
70 5 19 1 day,hrs.	
9 Trade profession or particular	Disease of the coroseo
SAWYER, BDDKKEEPER, etc.	arteres
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chrose estautation ky
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spant in this	
year) occupation occupation	Dther Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Differ Conditionary Cames of Importance.
(State or country)	
13. NAME Grown Word. 14. BIRTHPLACE (city or town)	
(Stete or country)	Name of operation
	What test confirmed diagnosis?
I Para Visione	23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Date of
2 16. BIRTHPLACE (city or town) (State or counity)	Where did injury occur?
17. INFORMANT Olhi Roman	(Specify city or town, or Specify whether injury occurred in INDUSTRY, In HDME, or
(Address) Capa hal.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wingale Ind Date May 2 1932	Nature of injury
19. UNDERTAKER Trank & Ulyandi	24. Was disease or injury in any way related to occupation of
(Addiess) Cambridge Md	If so, specify
20. FILED May 29, 1932 Juni H. L. Gusick	(Signed) V. Jacobs

05326

	Registration D	list. ND.	./
ND.		St.,	Ward
eath occurred in a hospital or institu			
ds. How long in U.S.lf o	f foreign birth?	yrsm	osds.
an			
St. Ward.			
ou,riald.	If nonresident g	ive city or town and	State
MEDICAL CI	ERTIFICATE	OF DEATH	
21. DATE OF DEATH	0	• >	
	may	2/	. 193 2
	(Month)	(Day)	(Year)
22, I HEREBY	CERTIFY	7. That I attended	deceesed from
	1932, to 2		1992
I last saw live on 2	cac 2.7	19.3.2	
		D (132)	-; death is seid
to have occurred on the date stete The PRINCIPAL CAUSE OF DEAT		and importance	
were as follows:	~	s or importance	Dete of enset
Diege 15	ic loros	comp	
arterias?		0	2-7/732
Chronica Ente	estation ?	Keffert	1730
Other Contributory Causes of impo	rtance.		-
Manager of a second			
Name of operation			
What test confirmed diagnosis?		Wes there an	autopsy?
23. If death was due to external cau	ses (VIOLENCE) fill	in also the following	g:
Accident, sulcide, or homicide?	D	ate of Injury	, 19
Where did injury occur?			
Specify whether injury occurred in	(Specify city or to INDUSTRY, In HDM	own, county and Stat	e) ACF
		, ,	
Manner of injury			
Nature of injury			
24. Was disease or injury in any w	ay related to occupat	tion of deceased?	20
If so, specify			
(Signed)	Jacock	<u> </u>	
(Address) Be	each of	- lead	2
ATT N Charles Street Baleimare Pe	quarters 71 C No.		

Lecal Registrar. If more blanks are needed, address State Registrar, 2.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ogo
July 5,1927	Peritonitis	3 days ogo
	Other contributory causes of importance:	
Möy 1,1923	Gastroentcritis	1 ycor
		5478
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1 N. B.

1. PLACE OF DEATH County Dorchester						<u> </u>		
	County		Dorches	ter	ORAYB LINE	Registration Dist. No.	116	
	Village or C	ity	Cambrid	ge, Md.		No. Cambridge Md. Hospital	. Ward	
	Length of resi	dence in ci	ity or town where o	ieath occurred		f death occurred in a hospital or institution, give its NAME instead of street		
4	2. FULL NA			rose.				
	(a) Residen	ce: No		(Usual place		St., Ward. If nonresident give city or town	and State	
-	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н	
	sex Female		or or RACE		RIED, WIOOWED, O (write the word)	21. DATE OF DEATH May 28 (Month) (Oay)	, 193 2 . (Year)	
5a.	If married, widow HUSBANO of	ed, or divo	orced					
	(or) WIFE of					22. I HEREBY CERTIFY, That I atter		
	DATE OF BIRTH	month de			20	I last saw h alive on Not at all 19		
	AGE Yea	rs	Months	ay 28, 19 0ays	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3:30 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance	, ueath 15 Sait	
	8. Trade, profes		born		ormin.	were as follows:	Oate of onset	
OCCUPATION	kind of w	ork done, BOOKKEE	as SPINNER, PER, etc	None		Still-born		
PAT	9. Industry or	ousiness in	which			OUTATIONAL		
CO	2		SILK MILL, etc			-		
8	10 Oate decease	oation (mo	nth and	11. Total ti spen	me (years) It in this			
-	year)				pation	Other Contributory Causes of importance:		
12.	BIRTHPLACE (cit							
œ	(State or cour		Maryl					
FATHER	13. NAME	Jol	hn Willia	m Rose				
FAT	14. BIRTHPLACE (State or			laware		Name of operation		
-						What test confirmed diagnosis? Was there	an autopsy?_NQ.	
MOTHER	15. MATUEN NA	WE Ge:	rtrude Am	anda Hurl	Ley	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
MO	16. BIRTHPLACE (State or		own)			Accident, suicide, or homicide? Date of injury	19	
-			Mary		· · · · · · · · · · · · · · · · · · ·	Where did injury occur? (Specify city or town, county and	State)	
	(Address)	Cam	bridge, 1	se [d.		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.	
18.	BURIAL, CREMAT		of at ho	spital	, 19	Manner of injury		
19.	UNOERTAKER (Address)	Orde	rly			24. Was disease or injury in any way related to occupation of deceased If so, specify	7No	
20.	FILEO May	28	1932	Erw	Registrar.	(5 71 1111	M. D	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

B.—WRITE PLAINLY,

STATE OF MARYLAND-	CERTIFICATE OF DEATH 65328
1. PLACE OF DEATH	
County Dozenestia 1781	Registration Dist. No. 1/6
Village or City Cambredge	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Infair Stevens	
(a) Residence: No. Cambridge, Md. M	FAST # 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (registe the word) SLLLEGE	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) way 21-1932	t last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
Stal Prom	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER,	Date of vision
SAWYER, BOOKKEEPER, etc.	due form fortus
work was done, as SILK MILL, SAW MILL, BANK, etc	and allow from
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Date deceased last worked at this occupation (month and spent in this	they stype accent
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Cambridge,	
(State or country) Md.	-
13. NAME Sand Slevens 14. BIRTHPLACE (city or town) Gastone g	
14. BIRTHPLACE (city or town) Dandon	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME DESCRIPTION States 16. BIRTHPLACE (city or town) Cambredges (State or coupling)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
17 INCOMMENT Dance Plesting	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CENTRAL VIOLEN	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Caruling Date June 2,1932	Nature of Injury
19. UNDERTAKER Scars Baynem (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED me 2, 1932 Ell seff Registrar.	(Signed) M. D. (Address) Cauling M. D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUN 7 1932	3 			
Other contributory causes of importance:	- b 1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

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JUN 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEAT			LAND		
oounty	hester			Registration Dist. No. 116	
		sville,	(1	No. St., I death occurred in a horpital or institution, give its NAME instead of street and numbers	
		A. Stol		yrsmos	ds
AT TOLL MAINE	0				
(a) Residence: No		ersvil] (Usualplac	e of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND		1		MEDICAL CERTIFICATE OF DEATH	
Male	White	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 19 (Month) (Day) (Day)	2 (Year)
5a. If married, widowed, or diverse HUSBAND of (or) WIFE of	sabelle	Ross.		22. ! HEREBY CERTIFY, That I ettended decea	sed from
6. DATE OF BIRTH (month, day,	and wast	1/23/3	32	l lest saw h elive on ay in 1902; deal	th is sal
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 8 . 00 A. M.	ru is sai
69	3	26	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	e of onsel
8. Trade, profession, or per kind of work done, a SAWYER, BOOKKEEP	ER, etc.	Doctor	. M.D.		
kind of work done, as SI SAW MILL, BANK, et SAW MILL, BANK, et Date deceased last work	ILK MILL,	x		Tropped clive	
Date deceased last work this occupetion (monty year)	ked at th end	- Spi	time (years) ent in this cupation		
12. BIRTHPLACE (city or town)_ (State or country)	Eliza	abeth N.	J .	Other Coutributory Causes of Importance:	
13, NAME Cha:	rles W.				
13. NAME Cha:		V.J.		Name of operation Dete of	
		th Yate	es lar.	What test confirmed diagnosis? Was there an autops	y?
16. BIRTHPLACE (city or tow			JD 2	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	19
17. INFORMANT Mrs		Penn. Le Stok		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
		ville,		-	
18. BURIAL, CREMATION, OR RE Piece. Cambrid	Mothurel ge, Md	Cemete 5.	erk /21/32:	Manner of injury	
19. UNDERTAKER Gran (Address)		S. LeCor		24. Was disease or injury In any way related to occupation of deceased?	
20. FILED May 21, 19		ERW	Registrar.	(Signed) TuyStall (Address) Cambridg, M.L.	M. I

should state WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement properly classified. certificate. stated should be be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE N. B.

MARGIN RESERVED FOR BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	4	Example II	
	leath and related causes bllows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephrik	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 7 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory caus		- American	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH (5331
1. PLACE OF DEATH	930
County Dereliebler	Registration Dist. No. 16
Village or City Cambridge	Exostern those State Lock. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s. 3 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Winder by	or Aic,
(a) Residence: No. Mordella Spriffy	St., Ward.
(Usual place of abode) V PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	may 10t 1982
The state of the s	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE oI	22. HEREBY CERTIFY, That I attended deceased from
<u></u>	april 27 Ha 1932 to may 1st , 1932
6. DATE OF BIRTH (month, day, and year) 100 Joher 30 18 6 4	I last saw hamalive on Survey (5), 19.3.2; death is said
7. AGE Years Months Days II LESS than 1 day,hrs	to have occurred on the date stated above, 7 2. 3 7.m.
67 6 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Gerebra arterio relevous
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation month and	192
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this , /)	
this occupation (month and year) 472	
12. BIRTHPLACE (city or town) Wiverton	Other Contributory Canses of Importance:
(State or country) Prarylond.	1917
II 13. NAME Richard D. Thylor	1
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME amonda E. Owens	23. II death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) maryland	Where did injury occur?
17. INFORMANT Eastern Shore State Land Pecar	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Camberdal. In -	<u> </u>
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Viverton Date May 3, 1932	Nature of injury
19. UNDERTAKER W. D. Graveror	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sharptown Ind	II so, specify Q
20. FILED May 1, 1932 Eswolf	(Signed) Charles politic M. D.
Registrar.	(Address) Jamby Ogl mo
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year	
- Carrotte	111111111111111111111111111111111111111		2 godi	

MARGIN RESERVED FOR BINDING

(NOTE-This is not a legal document)

Bureau of Vital Stauser

Dete of onset

- 100 where a 1. PLACE OF DEATH Registration Dist. No. 717 County Village or City. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred_____yrs______ds. How long in U.S. if of foreign birth?_____yrs_____mos.____ marcial themas 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) mounted 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year 153 7. AGE Months Days If LESS than 22 1 dey.....hrs. ormln. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc..___ Farmer - returns OCCUPATIO Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Data deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME

22. I HEREBY CERTIFY, That I attended deceased from 19. 2 to may 11 may 2/ 190 5 death is said The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Other Contributory Causes of Importance:

What test confirmed diagnosis? Was there en eutopsy?.....

Accident, suicide, or homicide?_____ Date of injury______19____

23. If death wes due to external causes (VIOLENCE) fill in elso the following:

24. Was disease or injury in any way related to occupetion of deceased?

16. BIRTHPLACE (city or town) ___. (State or country) 17 INFORMANT -

(Specify city or town, county and Stale)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) M. BURIAL, CREMATION, DR REMOVAL Manner of injury

Name of operation ...

Where did Injury occur?_____

19. UNDERTAKER (Address)

(Address) __

25. CERTIFIED AS CORRECT TO COUNTY REGISTRAR BY.....

20, FILED

Local Registrar

GOLBENDY OFFE

V. S. No. 1

	STATE C	F MARYLAND-	CERTIFICATE OF DEATH	100000
1	L PLACE OF DEATH		- PA	
	County Dorcherto	ridge BATO III	Registration Dist. No.	116
	Village or City Camb		Ne soul-Med Horfut &.	Ward
	Length of residence in city or town where d		f death occurred in a hospital or institution, give its NAME Instead of street as. ds. How long in U.S. if of foreign birth?	
		yis, sinos	A	_ mosds.
	2. FULL NAME	of hom	Justin	
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
pt=1000	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	The second secon
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	75 B16	OR DIVORCED (write tha word)	May 3	, 193 2
5a.	If married, widowed, or divorced HUSBAND of		(Month) (Day)	(Yaar)
	(or) WIFE of		22. I HEREBY CERTIFY, That I attend	ded deceased from
		1000 1. 1.	Mar. 27, 1952, to May I	1952
-	DATE OF BIRTH (month, day, and year) AGE Years Months	897 ununou	4 1 2 2	, death is said
	AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the data stated above, at	
-	00	ornin.	were as follows:	Date of onset
NO	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	none	A 17	2
OCCUPATION	andustry or business in which	•••••••••••••••••••••••••••••••••••••••	Ver manua	April 8
J.	work was dona, as SILK MILL, SAW MILL, BANK, etc	• • • • • • • • • • • • • • • • • • •	B 2 / . / . /	130
ö	10. Data deceased last worked at this occupation (month and	11. Total time (years) spent in this	(Cat way tumb.	Mas-2
_	yaar)	occupation	Othor Contributory Causes of importance:	
12.	BIRTHPLACE (city or lown)	d	Other Continues Causes of Importance.	
-	(State or country)			
FATHER	13. NAME Zentan	own		
ATI	14. BIRTHPLACE (city or town)	N	Name of operation Data o	of
-	(State or country)		What test confirmed diagnosis? Was there	an autopsy? 40
MOTHER	15. MAIDEN NAMERORY &	hompson	23. If death was due to external causes (VIOLENCE) fill in also the folion	wing:
TOI	16. BIRTHPLACE (city or fown)	Red	Accident, suicide, or homicide?	Con 271952
_	(Slata or country)		Where did injury occur? Laylors Island	d
17.	INFORMANT Come	Cornish	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
10	(Address)	lois sland	- house	
18.	BURIAL, CREMATION, OR REMOVAL	Date May 5 19 32	Manner of injury Clothing caught	ne
	Ploce Suylow Saland	Date 77009 5, 19.52	Nature of injury Winnelly Worldy of	contra,
19.	UNDERTAKER dewig	aynem)	24. Was disease or injury In any way related to occupation of deceased?	Mo
	(Address) Cambridg	ef mu.	If so, specify	<i>a</i>
20,	FILED May 4, 19 32	TRIVITY	(Signad) FDRs // Uhrwer	M. D.
1		// Registrar.	(Address) Com bru obgs.	
	If more	otanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Med

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

		(1533)	
County Dorchester	PORAT	Registration Dist. No.	
	(1)	ND. Cambridge Md. Hospital St., Will death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME Jesse Bespite			
(a) Residence: No. Cambridge Ma. (Usualph	ryland,	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
Male White Sin	MARRIED, WIDOWED, RCED (write the word) Sle	21. DATE OF DEATH May (Month) (Day) (Year	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended deceased	
6. DATE OF BIRTH (month, day, and year) Janua.	ry I5 I84	last saw h alive on 195 ; death is	
7. AGE Years Months Days 87 3 24	If LESS than f day,hrs.	to have occurred on the date stated above, at 3 • 50 m.P • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (most) and	Merchant	Cordio. Nascula. Remal	
- It is occupation into the and	tal time (years) spant in this occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Maryland (State or country)		welling	
E 13. NAME Levin Samuel Wall			
f3. NAME Levin Samuel Wall 14. BIRTHPLACE (city or town) (State or country) Maryland		Name of operation Date of Was there an autopsy?	
15. MAIDEN NAME Caroline Bespi	tch	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Caroline Bespitch 16. BIRTHPLACE (city or town) (State or country) Maryland		Accident, suicide, or homicide?	
17. INFORMANT G. Barton Wall (Address) Cambridge, Mary	land.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Processing Proc	111/2-19	Manner of injury	
19. UNDERTAKER Granville S. Tecor (Address) Cambridge Mar	note yland.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED May 1 0, 1932 E 2 7	Volff Registrar.	(Signed) Cambridge Mr.	

CTATE OF MADVI AND

CEDTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - 102'	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	N •		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

ż

		S	TATE O	F MAR	YLAND-	CERTIFICATE C	OF DEATH	335
1.	PLACE O	F DEA	TH				05	333
	County	Dor	ches ter		(3)		Registration Dist. No. 11	3
	Village or (City	Taylors	Island		No	St	
			•		(II	death occurred in a horpital or institution	on, give its NAME instead of street at	nd number)
					yrsmos	ds. How long in U.S. if of	foreign birth?yrs	_mosds.
2.			Infant V	Vilson.				
	(a) Resider	nce: No		(Usual place	of shods)	St., Ward.	If nonresident give city or town	-16
	PERSON	NAL AN	ID STATISTIC			MEDICAL CE	RTIFICATE OF DEATH	
3. S		-		5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH		
	F	B1	lack	or Divorce	D (write the word)	*************	May 25,	2
5a.	f married, widow	wed, or dive	orced				(Month) (Oay)	(Year)
	(or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from		ed deceased from
							9, to	
6. D	ATE OF BIRTH	(month, da		-	1 4/1500 0	I last saw h alive on		; death Is said
1. A	GE 18:	ars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated		
-					ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Z O	8. Trade, profe	work done,	articular as SPINNER, EPER, etc	2020		000000000000000000000000000000000000000		
OCCUPATION	9. Industry or	business in	n which	none		PREMATURE BIR	TT 7.7	
5	work wa	LL, BANK,	SILK MILL, etc			INEMATORE DIA	LI	
ö	10. Oate deceas	sed last wor	rked at	11. Total t	ime (years) nt in this			
					upation	Other Contribute Contribute		
12.	BIRTHPLACE (c (State or cou		Taylor	s Isla	nd, Ma.	Other Contributory Causes of import	ance:	
ER	13NAME	Jan	es Corn	lsh				
FATHER	14 RIRTHPLACE		wn) Cambr				0.1.	
		r country)	Maryla		*	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?		
ER	15. MAIOEN NA	ME Mag	gazine W:	ilson				
MOTHER	16. BIRTHPLACE	Coity or to	Taylor	r's Isl	and	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?		
Ĭ		country)	Maryla	nd.				
. 7 1	NFORMANT	Fmme	Wilson					
17.1	(Address)			land	wd.		MOOOTRI, IN HOME, OF HIS OBEIG	
(Address) Taylor's Island, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Smithsville, Oate May 25, 19 32								
	Place_SI	n1 this	wille,	Oate May	25, 1932			
10 1	JNDERTAKER	Auth	nur Dunne	ock	2-1	24. Was disease or Injury in any way		
(Address) Taylor's Island, Md.					Md.	If so, specify	1	
20 1	20 FUED 5/25/32, J. R. Neild					(Signed)	eila	L.R. MI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECEIVED 5/8/32 Bureau V.S.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
001 00	il.		
Other contributory causes of importance:	(34)	Other contributory causes of importance:	
	May 1 1923	Gastroenteritis	1 year
19			

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

V. S. No. 1

20. FILED ///AM /

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BULEAU V.B				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	